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(Depositor's name)	•	
(Signature)		
(Date)		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/726,220	11/28/2000	Farhad Fouladi	723-974	7835

TITLE OF INVENTION: GRAPHICS PROCESSING SYSTEM WITH ENHANCED MEMORY CONTROLLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0 94/14/2009	\$1510 SNOHAMM1 00000053	04/13/2009 097 2622 0
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	04 50.4504	1510.00 OP	
HSU,	JONI	2628	345-535000	00 50.0004		15.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single registered attorney or a	o 3 registered patent attornively, e firm (having as a membragent) and the names of up meys or agents. If no nam	era 2	Vanderhye, PC	
3 ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or the	ne)		

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(A) NAME OF ASSIGNEE Nintendo Co., LTD.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Kyoto, Japan
Please check the appropriate assignce category or categories (will not be	e printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🗀 Government
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Authorized Signature Michael Shea Typed or printed name Michael Shea	April 13, 20099 Date 34,725

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